

**Western New York Clinical Information Exchange, Inc.**  
**HealthLink Registration Application**

*Type of Participant:*    *Data Recipient*        *Data Source*   

Date: \_\_\_\_\_

Organization name: _____	
Organization Address: _____	
City/State/Zip Code: _____	
Primary Phone: _____	Fax: _____
Contact Name: _____	Title: _____ E-Mail: _____
Alternate Contact: _____	Title: _____ E-Mail: _____
Privacy/Security Officer: _____	Phone: _____ E-Mail: _____
# of Providers( MD, NP, PA) _____	# of Sites: _____

**ORGANIZATION TYPE:** *(check one)*

- |  |  |
|--|--|
| Private Physician practice: <input type="checkbox"/> | Hospital: <input type="checkbox"/>                     |
| Independent Laboratory: <input type="checkbox"/>     | Independent Radiology Center: <input type="checkbox"/> |
| Health Plan/Payor: <input type="checkbox"/>          | Home Care Agency: <input type="checkbox"/>             |
| Long Term Care Facility: <input type="checkbox"/>    | EMS Agency : <input type="checkbox"/>                  |
| Public Health Department: <input type="checkbox"/>   | FQHC: <input type="checkbox"/>                         |
| Other: _____ <input type="checkbox"/>                | Specialty _____ <input type="checkbox"/>               |

Panel size(# of patients): \_\_\_\_\_ Practice NPI: \_\_\_\_\_ Part 2 entity(Y/N) \_\_\_\_\_

**Data Recipients:** Indicate which HEALTHeLINK services you are interested in.

Clinical Messaging \_\_\_\_\_ VHR \_\_\_\_\_ ePrescribe \_\_\_\_\_  
Do you have an EMR? \_\_\_\_\_ If yes, please indicate EMR system: \_\_\_\_\_

**Data Sources:** Indicate what type of data you are interested in sending to HEALTHeLINK

ADT \_\_\_\_\_ Lab Results \_\_\_\_\_ Radiology Reports \_\_\_\_\_ Transcriptions \_\_\_\_\_

If accepted into the HEALTHeLINK data exchange, the organization will be asked to enter into a Participation Agreement which contains more detailed provisions regarding the rights and obligations of the organization. Once completed, this form can be faxed to (716)206-0996 or mailed to: 2568 Walden Avenue, Suite 107, Buffalo, NY 14225. You will be contacted directly to schedule a demo.